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Organized Quackery.—How should it be dealt with?

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TIRED, and too sleepy to read profitably, we lay aside our books, and seek, by throwing thought and energy into a new channel to arouse our slumbering ideas in the use of the pen. Perhaps it was unfortunate, but the pen wrote the title of this article as the subject of a few nightly meditations.

Quackery, in its various forms has become a hackneyed theme, and yet it is, and will be, an inexhaustible one, as it is, in itself, so changeable in its nature, that it must be met from time to time and combatted in some new form. Much has been ably written on the subject, and yet much "zeal without knowledge" has been manifested by different writers who have treated of it. This is evident from the different and opposite modes recommended and adopted by members of the profession of dealing with it. For while one will avert the eye from it, as an unclean thing, not fit even to behold, another will grapple with it, and would fain rid the medical body politic of the foul exeresence *vi et armis*. Here, one deals with it argumentatively, and absolutely demonstrates the utter falsity of its pretensions, while there, another, deeming it wholly beneath the notice of serious argumentation, applies to it the test of sarcasm and ridicule. Meanwhile the evil flourishes like a green bay tree, and never have its pretensions been louder, or covered more ground than at the present day. Time was, when the quack peddled his specifics and his promises over the country, and vented his spleen against scientific and honest practitioners of the healing art, by mounting the rostrum on fair-days, in the market-place, or on the corner of the street, and holding forth to motley groups of hucksters, street-sweepers, messengers, butchers and bakers boys, apprentices and footmen. But this business proved too profitable to be abandoned to illiterate peddlers, and soon, men entered the lists with them, claiming, nay, some of them holding, the honorable

title of *medicæ doctor*, who, for a paltry mess of potage were willing to barter honor, honesty, pride, and all those qualifications, which combine to form the high-minded and heaven-born physician.

The Professor's and editorial chairs, and, alas! too often the pulpit too, now vie with these men in their warfare against the practice of medicine. Men there are, who receive the honors conferred by the diploma, thereby tacitly at least (and it should ALWAYS be *in form*,) agreeing to be bound by the code of honor recognized by the profession, who, when the day of trial comes, when, through incapacity, or want of patience to "bide their time" they have failed to realize their grovelling hopes and expectations, forgetting that "no legacy is so rich as honesty," they have wantonly divested themselves of it as of a cast off mantle, and with fortune hunters and thieves, sought worldly wealth as their highest ambition.

Yet, comparatively few who have been properly educated in the ranks of the profession, have dared to run counter to their convictions of duty, and we must consequently look to the ranks of the illiterate and vulgar—the *oi polloi* of society, for the sappers and miners who wield the tools, while they take up and prolong the cry of these few, in their war against medicine,—“Hodie, hodie, delenda est Carthago!” It is idle to suppose that quackery is merely *couchant*—to borrow a figure from heraldry—seeking sly opportunities to take advantage of the unwary. While it is this, it is also *rampant* claiming to be part and parcel of medical science; nay more, *volant*, it boldly soars aloft and claims to be its very impersonation. Pelion must be piled on Ossa that the very heavens may be scaled to dethrone the mythological deity, who presides over health and longevity.

The object, and aim of quackery is always, and everywhere, one and the same; yet, chameleon like, it changes its dress to suit times and circumstances, and with more than kaleidoscopic variety, offers its wares to suit the fancies and the pockets of its admirers. A slave of fashion, it now presents them in the form of pills, and anon in the shape of draughts. Now powders, and then galvanism or cold water, are all the rage. Here it appeals in the shape of sugar pellets and tasteless “solutions” to the fastidious palates of single sisters, and fashion mongers of upper-tendom, whose sole occupation is to hear, and to tell of “some new thing,”—and there, in the shape of lobelia and cayenne pepper within, and “yarbs” and steam without, it tickles the palates, and opens the pores and pockets of the other extreme of society.

Nor is this all, for each potion, pill, or powder must have some inhe-

rent, independent attraction, as "golden," "magnetic," "purely vegetable," "sugar-coated," "Indian," etc., etc., as though one vied with another, to see to what extent poor human nature is capable of being imposed upon.

But when quackery in one form is consigned to the tomb of the Capulets, forthwith it again mounts aloft, "and soars and shines, another, and the same."

"Scarcely have the claims of legitimate medicine been vindicated against the attacks of Homœopathy, Hydropathy, and the other fashionable follies and quackeries of the day; hardly have our allopathic ranks, to use the enemy's term, rested for a moment from the combat, when from the distant north come portents of a gathering storm, to task again our energies in the defence of the true science of physic. Old England is threatened once more with a Scandinavian invasion, not indeed this time of savage Vikings, and uncouth hirsute warriors, but of trained Gymnasts and Athletes, burning to take the field, and to carry by storm, or else under cover and pretence of science, those strongholds of our art, erected by the combined labours of the medical world during preceding ages. To judge from the proclamations of their leaders, nothing less will satisfy the invaders than the utter discomfiture of the drug trade, as connected with the healing art; the Pharmacopœia shall be scattered to the winds, Apothecaries' Hall shall be closed, and the doctors of the next generation shall forget the *Materia Medica*, and shall become accomplished athletics, masters of the science of defence, and superintendants of gymnastic exercises,"*—and *Kinesitherapy* becomes a new candidate for popular favor, and a new antagonist to the ranks of legitimate medicine.

Well,—so it is, and *so it will be*, as long as there is one vain man left to seek after vanity. Not content with the allotments of Providence, man will continue to seek to rob death of his victims. The siren voice of the tempter, "thou shalt not surely die" still rings in his ears, and if scientific medicine fails to arrest the march of disease, as fail it must, sooner or later, if there be any truth in the sentence, "dust thou art, and to dust shalt thou return," he will continue his search after some universal catholicon, some elixir of life, before which disease and death will pale and vanish away. The wildest mythological fancies of the ancients only led to the discovery of a stream whose waters rendered the bather invulnerable in all points save one, yet we, "grown wiser than our fathers" will be satisfied with nothing short of absolute earthly immortality. We hold that this furor after specifics and cure-alls, betrays a vague disbelief in the heart of man of the revelations of holy writ, nay, we have long felt that quackery in its different phases, and infidelity in

*British and Foreign Medico-Chirurgical Review.

her numerous forms, are but cousins-german. Certain it is that one sort of *ism* generally begets another. With, we think, comparatively few exceptions, it is not the truly enlightened and Christian portion of the community who are the advocates and supporters of medical heresies. Homoeopathy had its rise with the neologistic notions of modern German philosophers, Michaelis and Kant representing the one in theology, and Hahneman the other in medicine. It will thus be seen that we regard the subject as having a great *moral* aspect, and we repeat so long as vain man will seek after vanity, so long as worldly immortality beclouds a heavenly, in his contracted vision, just so long will quackery and medical imposition flourish in some form, until, as the dying infidel is constrained to say, "Thou hast conquered me, O Gallilean!"—its votaries will when, it is too late, find that they have been pursuing an ignis fatuus, which has led them hither and thither, but to mock them, and then overwhelm them in bogs and quagmires, which they might have escaped many years longer.

Perhaps in no country, is quackery so thoroughly organized, as in our own. The very genius of our institutions insures to all, full liberty to propagate their ideas on any subject that does not endanger the state; and, as in union there is strength, colleges, societies and associations, national and sectional, are formed, for the propagation of every species of medical heresy. Journals and Transactions are published, the whole drift of which, is a crusade against legitimate medicine, with whining appeals to popular prejudice and sympathy. Nor does this organization of quackery with us, prove that we are more infidel than other nations, but that we have less stringent laws for its suppression than they have.

And now, we will proceed to inquire in a few words,—What is the duty of the physician? What course ought he to pursue in reference to this gigantic evil? Should he fold his arms in utter contempt or indifference? While the enemies of scientific medicine are all on the alert, has he no hearths or altars to defend? We are not of those who think that he ought to be indifferent in this matter, for as the conservator of the public health, it is the physician's duty to be active and bold in defence of the right.

But first, let him see to it that his own skirts are clear. Let him not even in *appearance* strike hands with quackery, but hold himself entirely aloof from all connection with it. Alas! the *worst* quacks are *regular* quacks, just as the worst infidels are those who profess to hold the principles of Christianity, while they deny its distinctive features, and refuse to acknowledge its divine author. There are, we fear, men of great pre-

tensions in the profession who do things they would scout in a *professed* quack.

What then should be the form of our opposition to quackery—what should be our course? We believe it should be eminently conservative, occupying a middle ground between utter contempt, and sufficient notice to give it notoriety. And in our estimation ridicule is a weapon which must be very guardedly wielded. It is a powerful weapon, but so equi-poised that it is easily turned upon him who wields it. With it, Cervantes met and disarmed, the knight errantry of the middle ages; but the Cervantes is yet to arise whose Don Quixote will, by ridicule, annihilate the knight errantry of modern quackery, as did his de la Mancha that of the mediæval period, and we sincerely doubt, if the hero of even a Cervantes should endeavor to break a lance with modern quackery, whether he would disperse so much as a flock of harmless sheep, or a solemn and defenceless funeral cortège.

As the theologian meets infidelity in religion, and confutes it, by argument, so should the enlightened medical man on proper occasions deal with infidelity in medical practice. And yet our war should be more defensive than offensive, *unless we can so carry the war into Africa by rigid chemical analysis, as to make a systematic exposé of the ingredients of which empirical remedies are composed.*

We have endeavored to present a few new thoughts on the subject of quackery, and if the matter has not been such as our readers would have preferred, we have the consolation of knowing that the fault is theirs for not supplying us with better.

BURLINGTON, N. J., December, 1852.

Remarkable account of the Yellow Fever as it prevailed among the Indians on the Island of Nantucket, in 1763-64. By the EDITOR.

The facts contained in the following interesting history of the Yellow Fever as it prevailed on the Island of Nantucket in the years 1763-64, are taken from one of the note books, kept by my father, Dr. Joseph Parrish, late of Philadelphia.

The record was made in 1805, after a visit to the Island, and the facts were given by a gentleman who was one of the Selectmen at the time of the epidemic. It was introduced in the following manner—a vessel arrived off the bar of Nantucket, having on board a number of passengers from Ireland; and the fact that two dead bodies were seen floating upon

the sea, aroused the suspicions of the authorities that a fatal malady was prevalent among the passengers. It was supposed to be Small Pox, and several of the inhabitants who had had this disease were deputed to ascertain the fact. They returned with information that it was the Yellow Fever. The Selectmen now issued orders to the Captains to throw no more of the dead overboard, but to bury them on the shore, for which purpose, spades and shovels were sent to them. At the same time, orders were given that no intercourse should be had between the inhabitants of the Island, and the people in the ship.

Previously, however, to this command, several persons had left the vessel, and, together with their baggage, had taken lodgings at the house of an Irishwoman. A messenger being dispatched to direct them to leave the Island, it was found that an Indian woman at the house, was engaged in washing the clothes of some of the passengers.

This woman resided in the family of the Priest, in a neighboring village; and in nine, or at farthest, eleven days after being at the boarding house, was taken with the disease, and died. The Indian Priest, and all his family were seized, and died; as well as the greater part of the inhabitants of the village; and from this it spread over the whole Island, confining its ravages almost exclusively to the Indian families. The following extracts are copied from an original manuscript, made by one of the most respectable inhabitants of the Island.

"A list of the Indian natives who died on the Island of Nantucket with a Yellow Fever, from 1st of 8th month, 1763, to the 20th of 2d month, 1764.

"The number of Indians belonging to and inhabiting the Island of Nantucket, at the time this most grievous visitation began among them, was,

301

Of these had the distemper, 259

Of which died, 228

Out of 259 that had it, there survived, 36

The number who lived among them, not infected, 34

The number who lived in a remote part of the Island and shunned going among them during the sickness, 8

The whole number on the Island, that escaped, 42

The same person thus writes, "Although their habitations were nigh to us, and they, during the sickness, daily passing among us, and some of us at times, (though not frequently in the latter part of the sickness) were among them, yet no white person was infected with it; even several of those who came short with it, were livers among the English,

and were seized with the distemper in the houses they lived in, and were not removed before they died." Another informant states, that the only white person affected with the disease, was the Irish woman who kept the boarding-house—and that the sick had no medical assistance, physicians refusing to go among them. He, himself, visited them frequently, and described the following symptoms; pain in the head, soon followed by a yellowness of the skin and eyes, the yellow changing to a livid hue just before death, and delirium in fatal cases. Some died in forty-eight hours from the time of seizure; some who survived the eighth or ninth day, recovered entirely; some had glandular swellings which suppurated; two of these recovered, and the ulcers healed kindly; others appeared to die from suffocation, apparently produced by the tumefaction about the throat. "Hemorrhage from the nose also occurred; the face and eyes particularly, of those who died of a short illness, were swelled in a shocking manner, and some who survived the first shock of the disease, died with lingering complaints." The two patients who recovered under the care of the informer, took nothing but "Bohea tea and Cranberry porridge." The two Indians who buried the dead, were in the habit of filling their mouths with tobacco, and taking a dram of rum, before entering any house to take out a corpse; and both survived.

NOTE.—Though this narrative was originally derived from an unprofessional source, it is nevertheless, to be relied on as true, being certified to by respectable citizens, and confirmed by official record. It is presented now, as a relic of nearly a century, not being devoid of professional and historical interest.

Cholera Asphyxia. By J. H. S.

Mr. Editor—We wish to relate a short story, mainly, for the moral to be derived from it. Let us premise by a brief exordium. The city of Erie has always been remarkably exempt from *Cholera Asphyxia*. During the summer of 1850 there was not, we believe, a single case here. In 1851, some three or four occurred on the dock—all brought, however, from other lake towns. During the season just past, we can recall but eight or nine distinctly marked cases, three of which it was our own misfortune to attend, and one died "unaided by leechcraft." Nearly all of these, except our own, were traceable to infection received elsewhere. On the morning of August 11th at 11 A. M., we were called to see J. W., and found him lying in a small hovel on the lake bank; said hovel smell-

ing very disagreeably, from slops, &c., thrown about the door. He was aged about forty; of a robust build; constitution evidently injured by hard drinking. All the preceding night he had been vomiting and purging profusely, a clear transparent liquid, very slightly tinged with yellow, and containing numerous white flocculi. His extremities were cold. A *burning pain in the epigastrium*, and *intense, unquenchable thirst*. Tonic cramps were commencing in the calves and thighs. Countenance full and slightly flushed; mind clear and cheerful; no anxiety. Prescribed a sinapism to epigastrium; friction of extremities with mustard-water and Ol. Terebinth; very cold drinks, rarely repeated, and Hyd. Chlorid. Mit. grs. ij et opium gr. ss., every half hour.

Fearing that his attendants were too much intoxicated to administer the remedies properly, we returned quite early in the afternoon. Meanwhile his kind and considerate, self-constituted nurse, a burly fellow, had made the most of his time, and in zeal for the patient's welfare, *had knocked him down* for trying to reach the water-pitcher, thereby driving one of his teeth down his throat. In reply to our remonstrances, that worthy declared, that 'cold drinks were bad after "*chamomile*."'... By this time the vomiting had nearly ceased, and the alvine evacuations were less frequent, though unchanged in their character. But the cramps still continued, and the countenance was becoming shrunk and anxious. Continued the Cal. et Op., and prescribed Ammon. Carb. gr. v, every half hour. Also, directed warm cloths, hot bricks, and continued friction to extremities. At our next visit, in the evening, the patient was convalescent. The vomiting had entirely ceased; the purging almost so, and was converted into the natural, healthy, bilious colored discharge. The face was again flushed; the cramps had disappeared, and their place was taken by a tremor of the limbs. Moreover, the patient began to "see snakes." Delirium Tremens was supervening on the sudden exhaustion and deprivation of liquor. Continued Opium and Ammon. Carb., and directed warm wrappings and quiet. We refrained from the use of liquor for the delirium, from a regard for the moral welfare of the nurses, and a desire not to "tempt them overmuch." Next morning the diarrhoea had ceased, and the delirium nearly so. In the afternoon, Mr. J. W. was quite well. So much for introduction.

On the morning of Wednesday, October 13th, at 6½ A. M., we were aroused by a Hibernian acquaintance with a request to go and see one of his friends who was very ill. While dressing, we endeavored to extract the history of the case which was nearly as follows.

The son of Mr. S. (the sick man,) a small boy had, on the morning

before, been seized suddenly with violent vomiting and purging of a colorless fluid. Cramps and abdominal pain, with great thirst supervened, and in the afternoon the child died, no medical aid having been sought. In the evening a "wake" was held, of course, and the carouse, lasted all night. About three o'clock in the morning, the father was seized with the same symptoms, and now nearly four hours had elapsed before we were notified. We proceeded at once to the scene of suffering. This was a small, wooden, two-roomed house, situated in the outskirts of the town, close to the canal, and immediately contiguous to a starch "factory." Before entering, a glimpse of the cellar filled with green, slimy, putrid water, and a smell of the sickening, malarious odor arising from it, convinced us of the "*fons et origo mali*." Stepping over the threshold and reaching the inner room, a scene appeared such as a novelist would revel in, but such alas! too frequently witnessed by physicians to appear at all romantic to them, though custom never deprives it of its disagreeable impressions. In one corner of the bare, unfurnished, chilly room, lay stretched out upon a few boards, the stiffening form of the dead child, its little upturned face appearing calm and tranquil, though its features were pinched and emaciated. Around the corpse, traces of the past night's orgies were profusely scattered. Clay pipes, papers of tobacco, sweet cakes, candies, and a brandy bottle, gave evident token that the wants of the living had not been forgotten in mourning for the dead. But where were those living revellers now? Alas! when the strong man was smitten down in agony, his *sympathizing* friends had fled. And of all the number; none remained but a few women;—the sex ever faithful "when pain and sorrow wring the brow." In another corner of the same room, in full view of the corpse, was extended on his couch the athletic father, his countenance convulsed with pain; his limbs contracted with spasms. Seized at 3 A. M. with vomiting and purging, though without pain, of a colorless liquid with white flocculi, it had increased until the evacuations were already involuntary. Cramps had commenced in the flexor muscles of both legs and arms. At present there were tonic spasms of both flexors and extensors; the fingers and toes were blue, curved, and arched; cold and shrivelled as though long immersed in water. A burning pain oppressed the epigastrium, accompanied by an intolerable thirst; the countenance was anxious and collapsing.

It is not, however, now our object to speak of the characteristic symptoms of Cholera. Mr. S. was duly dosed with Calomel and Opium, large doses of Tannin, and small ones of Zinc Sulph. He was rubbed with divers liniments, wrapped in warm blankets, had hot bricks to his feet,

&c., &c. It was attempted to allay his thirst by means of pounded ice, iced lemonade, &c. In short, everything was done which a few half frightened women could do, and which we could suggest in six long visits. But all was in vain. "*Pallida mors æquo pede pulsat regumque turres, pauperumque tabernas.*" His spiritual adviser was called, administered the last consolations, and by 3 P. M., John S.'s soul had passed to Him who gave it. The hollow eyes and face, emaciated in a few hours, indicated the disease. Meanwhile, his two surviving children had been similarly attacked, and we had addressed similar measures to their treatment, and likewise ordered them to be immediately removed from the house. But the illness of the father, and the impossibility of getting sufficient nursing for him, paralyzed all effort in regard to the children. They were allowed to lie unheeded on the floor like dogs, despite all our remonstrances, until a compassionate neighbor took the infant home with her and retained it for some hours, when on the appearance of vomiting, fear of "contagion" overcame considerations of humanity, and the baby was returned—*munching a green apple*. Matters now looked serious enough. Two persons had fallen victims in twenty-four hours to the horrible malaria of that house. Two more were sick. And, spite of every promise from the friends, it was manifest that the family, depressed as they were by grief and illness, would yet have to remain another night over that open grave! The smell was most oppressive. We had ourself begun to feel a dullness and heaviness from our long stay in it, and urged the neighbors by everything they held dear, to remove the survivors. But the only reply was, "after Shane's wake, docther." Towards evening, the children seemed somewhat better, and after dark, we started again to see them. It was an awful night. There was some snow upon the ground, and on this had fallen a drenching shower, sufficient to convert it into the most chilling and penetrating "slush." The rain still poured down in steady streams, relieved occasionally by a piercing gust of cold north wind, that drove the icy drops through our clothing to the skin. The darkness was Egyptian, of course not even mitigated by a flash of lightning; and having a characteristic aversion to carrying a lantern, or any other portable professional emblem, our situation was rather unpleasant. It became more so when we lost our way on a common, and went wandering about, over the soggy ground, the cold slush filling our shoes at every step. This inconvenience, however, was not of long duration. A reeking odor soon warned our olfactories of the proximity of the house, and scarcely could we catch a glimpse of its black bulk booming against the almost equally black sky, ere our ears were assailed with a howling,

as of an entire menagerie of wild beasts. A moment's thought reminded us of the cause, and with some indignation we struck forward and opened the door.—“Vow! Tam saw an unco sight.” Slightly to transpose Sir Walter; “the tempest without having ceased its wild din, gave place to the tempest that thundered within.” In the outer room, our two little patients lay *upon the floor*, totally unnoticed and uncared for. The inner apartment, in which were the two corpses, was crowded with robust men and brawny women. Fear had prevented them from aiding their *living* friends, but could not deter from “waking” his dead body. There they were, smoking constantly, drinking more than occasionally; now laughing at something good, and anon howling the “keen” over the dead. Now flinging their hands wildly aloft; again clasping and wringing them in anguish as they interrogated the corpse. “Shane dear, and why did you die”? Och, mavourneen, and are you gone”? “Oh, wirra, wirra,” “an-an-an-an-oh-och hone, och hone.” “Oh Shane achree.” “Acushla machree”—&c., &c. Now, with every regard, for the sacredness of grief, and making every allowance for the impulsive temperament of our Hibernian friends, it was still difficult to perceive the propriety of neglecting the living, to howl over the dead, and accordingly our wrath was vastly excited thereby. We at once demanded to see the mother; and she very coolly sent word that she was too *busy* and too much overcome for the interview. We promptly replied, “very well, *we* are too busy to remain longer,” and started for the door. This created an immediate excitement, and the whole assembly of burly, swarthy sons and daughters of Erin came crowding out, with the mother in their midst, and surrounded us; their cries and lamentations being hushed as if by magic, we sternly asked, “what do you mean by neglecting your children thus? Have you done half that I ordered?” “Och, thin, docther dear, and to tell you the truth, it's little care I had for little Dan achree, when him that's in glory was alive—ochone.—It was his own four bones I cared for, and he's gone—and it's clean out of my mind I am.” “That's no excuse. Your children are suffering and must be attended to.” “Och, yis, docthor when I've seen the last of Shane dacently.” “You'll see the last of your children *indecently* then,” interrupted we, moved beyond all patience, and sick to boot. “Let the dead alone. They are beyond help. Mind the living.” And yet our heart bled for that poor ignorant wife and mother, whose “bread winner” was gone. We enquired, if “no one there had any sense left,” but in the entire crowd could only find one girl fit to be entrusted with the administration of remedies. Leaving the house of death, with the comforting assurance that more of them would

have the disease for that night's frolic, we started for home. The night still continued pitchy dark. "The wind blew as 'twad blawn its last," and passing by a church yard, we could scarce help regretting that by our professional education we were deprived of those beautifully superstitious feelings, so romantic to most persons; and that we had learned to look upon death and decay with the eyes of a physician, and not of a poet. But all other thoughts were soon merged in the painful consideration of our own health. Things began to grow dim before our eyes: a strange dizziness, and chilly feeling oppressed us; and, as we reached our bachelor office, about 10 P. M., we could no longer deny that we were decidedly unwell. We fought, and smoked against the conviction as long as possible, but the sickness of the stomach increased; then came pain in the abdominal viscera, and a decided tendency to diarrhœa. We examined the matter closely, and its appearance was not pleasant. Long confinement in a malarious atmosphere, the loss of a meal, and then exposure to wet and cold, gave fair ground for uneasiness. *But* there was no *thirst*; no *burning* pain; no vomiting; no *rice water*; and no cramps of extremities. Which consideration seeming satisfactory at last, we took grs. xij. Hyd. Chlorid. Mit. and retired un-nursed, thinking that a bachelor was *sometimes* punished for the privileges ordinarily enjoyed by him.

The next day, weak and uncomfortable from the disease—and the Calomel, we renewed our duties towards the orphans; and, in the course of the day, succeeded in getting them removed from the house of death, to a little "lean to" against another shanty in the vicinity. Nothing but imminent danger would have rendered *such* a removal desirable. Their present quarter was a little kennel *literally* about six feet square, sunk some three feet below the level of the marshy ground, and full of cracks and crevices. In this were the mother, two children, a bed, a cooking stove, cradle, chest and bench. But, despite the discomforts of such a residence, it was far better than inhaling the deadly malaria, which had previously been their portion. In this home, we visited them regularly. The infant rapidly convalesced, but the elder child, though relieved of urgent symptoms, kept gradually sinking under the influence of continuous diarrhœa aggravated by the presence of worms.

Thus matters went on until Sunday afternoon, when we received a message that another man had been sick all day with a tremendous "cutting through him." Angry at the carelessness which permitted such a disease to exist so long unrelieved at such a time, particularly as we had been at the house in the morning, we were yet unable to see the new patient until evening. And then our pilgrimage was renewed with a

heavy heart. Arrived near the house of sickness, we were amazed at the appearance of a doleful procession from the new residence to the old charnel house. In reply to our indignant queries, we learned that the attack of this latter man had completed the panic. His disease was ascribed to *contagion* from the widow and orphans; and all four were now being removed pell mell to the nearest vacant shelter,—the deserted shanty. This was too much for our patience, and we greatly fear that our language on the occasion to the perpetrators of this inhuman act, was more energetic than elegant. But indignation availed nothing. There lay the smitten one, writhing and cursing on the bare floor, with the dank odor of disease steaming up into his very nostrils. And there stood that deserted mother, clasping her babe to her bosom, the other child stretched at her feet, and looking as though she prayed God to take her too. On our entrance she grasped our hand convulsively and exclaimed. "You're all the friend I've left.—My relations and neighbors have deserted me." We felt this appeal, and calling one of the relatives from a distance, who came in fear and trembling only to the door, said to him. "These people *must* be removed. Go to the Directors of the Poor and get a permit for the Hospital." The poor fellow, willing to do anything which would not bring him in contact with the sick, started at once, but soon returned saying that the Directors could not act under twenty-four hours. Stifling our rage at this new inhumanity, we told him to go and engage a room at the Hospital for three days himself, and engage to pay for it. This he succeeded in doing, and by 10 P. M., they were all there.

This "Institution" is a county affair, and consists of a two story frame house of about four rooms, or possibly six, located more than half a mile outside of town. It is given, rent free, to the family who occupy it, and who are allowed a certain fixed sum per diem for every one placed there by the county authorities, and are permitted to get all they can from those whose friends place them there. Consequently it is an object to retain patients as long as possible, to consult cheapness in everything, and to go to as little trouble as they can. There are no regular nurses employed, and on the present occasion, a son of the tenant was lying in one of the lower rooms with an amputated leg, and the whole family were occupied in attending on him. When our protégés were once deposited in an upper room, their *friends* disappeared as if by magic; and, on our arrival we found the poor, exhausted mother lying asleep with her infant at her breast, and her sick child tossing at her feet on one bed; and the man writhing on the other. Beside him stood his brother, himself sick and terribly frightened. Of course this was no treatment for a

Cholera patient. We had at best, but little hope of his recovery. And all our efforts to procure nurses were unavailing. The panic had spread too widely. However, the woman of the house did what she could, and the brother exerted himself to the best of his limited abilities. We pushed the Calomel and Opium treatment as far as safe, and of course, used external remedies also; and subsequently employed Tannin, Camphor, Plumb. Acet., and, to sustain the strength, Peruvian Bark.

Next morning our patient was better, but his brother had become alarmed, and deserted. We now acted both as physician and nurse. Previously to this we had interested our friends, who clothed the unfortunates. The succeeding night, the man needed but little attention, and the child died. The subsequent morning, our man being convalescent, we did what we should have done at the first, and "put him on the county;" when he was handed over to the county physician, and having his wants supplied at the public expense, soon recovered.

From the foregoing narration we deduce the moral—

1st. That a country doctor's life is no bed of roses, and does not "resemble one long day of light," and that any one who studies medicine is by no means a Solomon.

2d. That Dr. Gayley's theory, that Asiatic Cholera originates in congestion of the Liver, and is derived from Malaria, is correct. The latter proved by observation; the former by the success of treatment predicated on that theory; as we saved two cases by Cal. et Op., and only lost one;—the children not being in the list; they having had chronic Diarrhoea, as we subsequently ascertained.

3d. That the erroneous idea of the "*Contagion*" of Cholera should be removed from the popular mind.

4th. That every town should have *efficient* Hospital regulations, by which patients need not be detained twenty-four hours before being permitted to avail themselves thereof;—and may then be promptly nursed and cared for.

5th. That the whole burthen of the charge of paupers ought not to be thrown upon the medical man, who may be unhappy enough to see them first.

BIBLIOGRAPHICAL NOTICES.

The Principles and Practice of Dental Surgery: By CHAPIN A. HARRIS, M. D., D.D.S., Professor of the Principles and Practice of Dental Surgery in the Baltimore College; Member of the American Medical Association; Author of Dictionary of Dental Science, and Medical Terminology, etc. etc. Fifth edition; Revised, Modified, and greatly Improved. With Two Hundred and Thirty-six Illustrations. Philadelphia: Lindsay & Blakiston.

This work will, undoubtedly, occupy a high rank in the surgical literature of our day. Coming, as it does, from the pen of an experienced operator in Dental Surgery, it cannot do otherwise than embody the most reliable information connected with that important science. Throughout the entire work there are unmistakable evidences of its author's exact knowledge, mature judgment, and original and independent observation. To the Dental practitioner, it must prove invaluable; as it embraces a complete history of the mouth, its organs, and their various diseases, with all the latest discoveries and improvements relating to their origin, progress, and surgical treatment. The department of Mechanical Dentistry is full and entire, and contains the valuable additions that have recently been made to that particular branch of the science. The engravings are abundant, well executed, and of easy reference. We cheerfully recommend this volume, not only to the dental profession, but also to our medical friends, as one containing more useful information in regard to the subject of which it treats, than any work within our knowledge.

J. E. P.

Practical Treatise on Dental Medicine; being a Compendium of Medical Science, as connected with the study of Dental Surgery: to which is appended an Inquiry into the use of Chloroform, and other anæsthetic agents. Second Edition, Revised, Corrected, and Enlarged. By THOMAS E. BOND, A. M., M. D., Professor of Special Pathology and Therapeutics, in the Baltimore College of Dental Surgery. Philadelphia: Lindsay & Blakiston.

In explanation of the design and contents of this handsomely printed, and exceedingly well written volume, we need scarcely offer more than the title, as it is given above. Than its object, as therein stated, there can certainly be nothing more commendable. To make the Dentist acquainted with the practice of medicine, as it is connected with his own calling, must strongly tend to elevate that calling, and to render him, individually, more worthy of public confidence. And, while such a result is attainable from a knowledge of the volume under notice, it will also be found not unworthy of the attention of the medical practitioner, since it may greatly increase his acquaintance with the many dental causes,

which operate upon diseases within his own peculiar sphere of observation. Believing this of Dr. Bond's volume, we can but recommend it to the notice of our friends; though, perhaps, such recommendation may appear superfluous, after the warm praises it has received from the most prominent Medical Journals of the country. J. E. P.

The Physician's Pocket Dose and Symptom Book, containing the doses and cures of all the principal articles of the Materia Medica, and chief officinal preparations, &c. &c. &c. By JOSEPH H. WYTHES, M. D. Author of the Microscopist, Curiosities of the Microscope, &c. &c. Philadelphia—Lindsay & Blakiston, 1853.


This is as good a Dose and Symptom book as we have seen; it embraces a good deal, and condenses it within a small compass. The preface recommends it particularly to the "country practitioner," as being small and readily carried. We do not see, however, that it is any more useful on this account, for the "country practitioner," or any other, who does not carry his knowledge of doses and symptoms in his head, instead of his pocket, will not be likely to succeed very well in the treatment of disease, even should he always have the "Dose and Symptom book" at his side. Its table of poisons and their antidotes, may be useful, as the physician, even of years of general experience, may meet with cases of this kind very rarely, and it is well to refresh his memory by a convenient reference. The great objection to this class of books, is, that they engender a tendency to routine practice, which the compiler has endeavored to avoid by presenting an outline of general Pathology and Therapeutics, under a table of Symptomatology, but we fear these will not deter many from entering the way to which other portions of the book may lead the ignorant or presumptuous.

Materia Medica, or Pharmacology and Therapeutics. By WILLIAM TULLY, M. D. Vol. 1., No. 1. November, 1852. Springfield, Mass.

This is the title of a new work, the first number of which is before us. Its publishers propose to furnish a complete system of *Materia Medica*, to be sent to subscribers in the form of a periodical.

They claim for the arrangement of the subject by the author, a novelty that will render it acceptable to the physician, and particularly useful to the medical student. The first number contains sixty-four pages, and consists of an introduction, and lectures on the "modus operandi medicaminum," embracing the various effects of the remedies; parts of system acted on by them;—"sympathy:—seats of primary manifestations of the operations of medicines," and non absorption of medicines into the system.

It will be printed with good type on good paper, and in the best style. The Nos. will be issued monthly, commencing in November. If from the state of the author's health, he should be unable to revise his manuscripts with sufficient rapidity, it may be necessary to lengthen the intervals of publication, of which due notice will be given.

Terms—Twenty-five cents each, or one dollar for every four numbers, payable in advance, or on the receipt of the first. No subscription received for less than four, and to be discontinued at the option of the subscriber. It will be sent to subscribers by mail.  The postage to any part of the United States will be one cent a number.

As to the size of the work, we have at present no means of judging. Probably it will extend to twenty numbers.

Those who wish to become subscribers can do so by writing * * * to "J. Church, Springfield, Mass.," to whom all communications on the subject should be addressed, post paid.

EDITORIAL.

A WORD WITH EDITORS AND PUBLISHERS.

Apropos, to the subject of quackery, treated of on a preceding page, we would add a few words with regard to the connection of our medical periodicals with quackery. We have reason to fear, that medical Editors and Publishers are at fault in this matter, though we know not to what extent. It is known to the profession, that there are several Journals published in different sections of the country, devoted to the dissemination of Thomsonian, Homœopathic, and other delusions. How they are supported, it is not for us to inquire.

The editors of these publications, representing as they do, the highest claim that the advocates of their dogmas have to a place among the truly scientific, seek by every means in their power, to commingle with those who have an undoubted claim to scientific knowledge, and we are very sorry to find that *any* respectable Editors or Publishers are willing so to compromise their standing and dignity, as to countenance such an effort. It is their delight to present to their readers, extracts from, and criticisms of, the writings of scientific practitioners, as a proof that they have not altogether lost their standing. In our opinion, they should be **UTTERLY CAST OUT.**

Such has been our policy, toward them, when they have attempted to effect an exchange with us, for, as the Journals have arrived, we have re-mailed them in the same wrappers, and had to do so *for several months* before we could relieve ourselves of their filthy contact,—so determined were they to have us committed to a support of their course. A number of them came with whole pages marked, of extracts from some of our

honored cotemporaries, and notices of books acknowledged from some of our first publishing houses, as an inducement, we suppose to "fall into line" with them. Now, we respectfully submit to our worthy cotemporaries, be they Editors or Publishers, whether this striking hands with quackery is consistent. We have seen, in at least one of our exchanges, frequent notices of these irregular publications, and, if we mistake not, extracts from them.

We have been sorry too, to see that some Journals advertise for these quacks—one of them has actually contained advertisements of the opening Sessions of their Schools, and we regard it as a miserable subterfuge for an Editor to say that the advertising department of his Journal is under the control of the publisher. He ought not to allow it to be so.

Some months since, we received an article from a certain J. X. Chabert (the quondam fire-king?) containing the most abominable specimen of polypharmia, that has reached this century, and all to cure consumption! Thinking the article smacked of quackery, we took no notice of it whatever, and ere long it appeared in the Journal referred to, and was followed by several others. The arrant quackery of the said Chabert, has recently become manifest by the publication of a pamphlet on the "Origin, treatment, and cure of Asiatic Cholera, Cholera Morbus, etc.," in which he offers to *sell* the secret of a preparation, which he proposes as an infallible remedy for Cholera. The author, probably, thinking that we did not on a former occasion, treat him with sufficient consideration, has not seen fit to give us an opportunity to purchase his invaluable receipt, but our friend of the *Buffalo Journal*, has received a copy of his work, and administered to him a merited rebuke. The Freeman's Journal also, a Roman Catholic paper, rebukes the spirit of the publication in merited terms.

We are convinced that we cannot be too guarded in respect to our connection with, or notice of quackery. If noticed at all, it should be done with particular care that we be not ourselves contaminated. We prefer to have but little to do with it, but we think a caution is here appropriately administered to our brethren of the press.

ANOTHER YEAR.

This is the birth-day of another year, and with it come many good things to the profession. We are rising as a profession, in the scale of knowledge and attainment. New Jersey is doing more than she has ever done, to advance the cause of Medical Science. Her State organization

is flourishing. Counties are being animated with new zeal, and an upward spirit is abroad among us. Let our next Annual meeting, to be held on the 25th of this month, give still more evidence of a determination to excel. Remember the 25th of January at Trenton.

EDITOR'S TABLE.

Among the pamphlets which lie upon our table, are the following:—*Biographical Sketch of J. KEARNY RODGERS, M. D., &c., &c.*, by Edward Delafield, M. D. *Read before the N. York Academy of Medicine.*

As a detailed notice of the lamented deceased has already appeared in the columns of the Reporter, it will suffice to say that this sketch is a just tribute to the memory of one who was an ornament to his profession; as such, the sketch is well worthy the notice of our readers. G. A. C. Van Beuren, printer, 223 Bleecker street, N. Y.

The present mental attitude and tendencies of the Medical Profession.—Such is the title of the Inaugural Address of Worthington Hooker, M. D., as Professor of the Theory and Practice of Medicine, in Yale College, and we can say unhesitatingly, that Dr. Hooker, in this address, fully maintains his high claim to the consideration and gratitude of the profession. His address is an able and earnest advocacy of the claims of scientific medicine, and a lucid exposition of the high qualifications and attainments, required by the medical man who would be an honor to his profession.

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ECLECTIC AND SUMMARY DEPARTMENT.

Injuries and Diseases of the Integuments and Cellular Tissue.—Burns and Scalds.—A report on these injuries, founded on the accumulated evidence of several observers, has been published in the "Transactions of the Provincial Medical and Surgical Association," by Mr. CROMPTON, the value of which can be justly estimated by a due consideration of the difficulties which unfortunately attend any attempts to gain information from a large number of our profession. These difficulties are partly avowed by the author of the report, in these words: "The evidence which I have received is of a conflicting character, and it has been a task of great difficulty to arrange my materials in their present imperfect form. I find plans of treatment of the most opposite kind pronounced to be very successful; and, what is still more perplexing, I find the same treatment commended by one person and condemned by another."

This imputation, so just and at the same time so disgraceful to the intelligence of members of a learned profession, arises evidently from the want of discrimination as to the extent and degree of the injury. Until more precision is to be found in this respect, records of treatment will be comparatively useless.

In his classification of burns, Mr. Crompton makes one or two grand divisions; the *local*, in which the injury is trifling, and not sufficient to disturb the general economy; and the *constitutional*, in which more or less severe general disturbance is the result.

These *constitutional* burns vary in the severity of the constitutional symptoms, which symptoms, and not the amount of local injury, except perhaps the *superficial* extent, give the importance to the case. These symptoms are enumerated as weakness and feebleness of pulse, and other symptoms of collapse; irritable stomach and violent shivering is one of the most striking of these symptoms, and is looked upon by Mr. Crompton as the best index of the constitutional complication. In proportion to the severity of the shivering and its frequency, are, according to Dr. Kentish, the severity of the case and its consequent danger. The importance of attention to the constitutional symptoms is well shown in the statistics of the causes of death from burns, which the author gives.

After some few remarks on the theory of the action of most external applications in burns—which is, that they act as mere non-conductors of heat, and not, as is commonly supposed, by excluding atmospheric air—Mr. Crompton proceeds to analyse the replies to his questions sent to the Association at large.

The first is, whether stimulants, as turpentine, &c., are useful in burns and scalds, and, if so, in what cases, and used in what manner? The evidence given in reply to this question is most conflicting. There appears, however, says Mr. Crompton, a growing doubt whether it merits the eulogium bestowed upon it by Dr. Kentish. In St. Bartholomew's Hospital it is replaced by cotton; in Manchester by flour. It is still, however, highly thought of by many. How is the discrepancy to be reconciled? Mr. Crompton says, because it is not generally employed as was recommended by Kentish, which he proceeds to verify by quotations from that author and from Cooper's "Surgical Dictionary," a main part of his treatment, namely, the exhibition of opium in large doses, being omitted. On the whole, Mr. Crompton decides that the evidence given him preponderates on the side of stimulants, both in large and small burns.

The next question is as to the value of cold applications. On this point, the universal opinion seems to be that they are improper in burns of large extent, and that they are of doubtful use even in small injuries.

The application of nitrate of silver to burns is recommended by Mr. Higginbottom, but no other person affords evidence respecting it.

The value of flour and cotton is next considered. Respecting the former, the evidence is most conclusive as to its value, in burns of all degrees of severity; cotton is also highly lauded, but appears to be slightly inferior to flour.

Treacle is recommended as an external application by Mr. Jesse Leach and Mr. Bulley. The latter informs us that its action is *directly sedative*, and that it lulls the pains and moderates the inflammation. It also appears to act as a disinfectant. The treacle is also used by Mr. Robinson and Mr. Snape, of Bolton. Mr. Crompton suggests that, after the application of treacle, flour should be dusted on.

The application of lotions, of which water forms a large part, is the main treatment employed by the practitioners of St. Helens, where these accidents are frequent.

On the prognosis of burns, some valuable information is afforded in Mr. Crompton's report. The fatality seems to be more dependent on extent of injury than depth, especially when the trunk is involved.

The internal treatment of burns, like the external, is the subject of considerable difference of opinion especially with respect to opium the balance of opinion, is, however, in its favour in *large* doses.

This report contains much further important information, which our diminishing space obliges us to pass over: but we will not conclude without congratulating the Provincial Association on having been the means of eliciting so valuable a contribution to surgical science.—*Ran- ing's Abstract.*

PHYSICIANS AND CLERGYMEN. *A rare opportunity.*—Yes, it was a rare opportunity which enabled our accomplished confrère, Edward H. Parker, M. D., of the *N. H. Journal of Medicine*, to vindicate before a body of clergymen the claims of scientific medicine against the pretensions of its enemies. The address was delivered before the Methodist General Biblical Institute, and is all worthy of perusal, but we can make room for but a portion of it, which we would commend to the attention of our readers.

"You have perhaps observed that I use the word physician, and it is proper that I state the meaning that I attach to it. By no means do I conceive it to embrace that "*magna caterva*" who are styled *doctors*; and I would not be understood to make the statements I have, of the whole class who in common estimation are ranked as medical men. Hydro-paths, homœopaths, kinesipaths and aëropaths; botanics, eclectics and electricians; seventh sons, Indian doctors and cancer doctors; I exclude the whole multitude of them when I speak of physicians.

The science of medicine, on which its practice as an art is founded, is the result of the study of several sciences, among which we may enumerate anatomy, botany, chemistry, mineralogy, physiology, and pathology; and requires a knowledge of almost all the physical sciences; an accurate acquaintance with mental philosophy, and a clear insight into the intimate relations which exist between the mind and the body. In order to pursue it successfully it requires all of a man's abilities, and all of his powers, bodily and mental. It draws its facts from the observations of men distinguished for all that adorns our human nature, and recorded by them with every evidence of sincerity, and without any possible mo-

tive for deceit. By comparing the observations of many individuals it endeavors to correct incidental errors, and to perceive the good and the true. What circumstances can there be which would lead to greater accuracy in the pursuit of any science, or more effectually guard against public errors. Of great antiquity, century after century it has thus attempted to purify and correct. In the succeeding waves of darkness which have swept over the human mind it has sometimes been submerged, but it has ever risen with the first appearance of reviving knowledge, to shed its brilliant light upon humanity. Do you ask me where medicine stood in the middle ages? Where was law when each proud Baron was to himself a law, and the swift executor of the decision of his passions? Where was theology when papal Rome ruled the minds of Europe with a rod of iron, and the clergy shut up in their monasteries all human lore—defaced the records of the wisdom of ancient Egypt, Greece and Rome, by their absurd and impotent discussions of bare formalities, denying to the human mind not only human wisdom, but the heavenly teachings of divine inspiration? Do you blame medicine for its then low condition? Beware! You wield a Damascus blade which may glance and afflict a more terrible wound upon yourself.

Is it *probable* then that this succession of intellect should have gone on, year after year and century after century, seeking only for truth, and have gone so far astray that men distinguished in no respect for ability, for diligence, for experience or information, should have suddenly discovered that all this is false? I ask is it *probable*. Yet such must be the fact, if we believe Hahnemann, Priessnitz, Thompson, "et id omne genus." I appeal to you as reasonable men, men accustomed to consider and weigh evidence, is it *possible* that such a thing should have occurred, without the teaching of some Socratic daimon, or more probably some divine inspiration. If otherwise, it is contrary to all experience and all analogy.

To what conclusion, then, can we arrive except that the founders of the various systems of medicine acted either ignorantly or knavishly. In one case their moral character would be uninjured, but in either they could not be safe guardians of the public health. To what other conclusion can we come as to their followers? and if this is correct, most certainly they should not be styled, like scientific men, physicians.

But methinks I hear it murmured that by these systems as many or more are cured of diseases, both light and grave, as by medicine. At any rate, such statements are made every day. Let us consider the ground for such statements, and the correctness of the authority on which they rest.

To judge of any scientific fact it is usually allowed that there must be a previous acquaintance with the science to which the fact refers. Thus, if it is stated that a discovery of a planet or comet, or other heavenly body, is made, the place of the supposed new body is accurately described, the elements of its supposed orbit are stated, and the whole is submitted to astronomers for their decision as to its accuracy. Upon that decision it stands or falls. So in mathematics, a supposed discovery, as of the

quadrature of the circle, is submitted to mathematicians for their judgment upon its correctness. So any new combination to increase the strength of material, or to prevent friction, or of other use in mechanics, is submitted to engineers and mechanicians for decision. So in law, a question springing up which may seem to be of importance is referred to the principles laid down by Littleton, Coke, Mansfield, Story, and successively to the various benches which in the State or country are authorized, from their superior ability, to settle such doubts. In theology, too, gentlemen, do you not revert primarily to the book of books, and then to the writings of those departed fathers who by their distinction for piety and wisdom have gained the highest place in the estimation of the good and learned? And is there any reason why the same should not be true in medicine? Undoubtedly there is not. Yet a man who within six months only left the plough or the anvil, who can hardly read, and knows nothing of writers upon disease, of the symptoms which reveal it, or of the variations which establish its real character and precise location, will decide, with a positiveness which admits no denial, of the nature of a tumor; whether or not it is malignant and cancerous, or fatty and comparatively harmless; whether an internal inflammation is in the lungs, the liver, the stomach, or the bowels; when in fact he cannot tell the precise situation and limits of either of these organs, and never heard of the peculiarities of each disease and the modes of distinguishing between them. But what is stranger still is, that he will be believed by many, and among them are always found some of the more intelligent classes. How is it that this happens?

To be able to discriminate disease, a person must be thoroughly versed in anatomy, so that he can tell what organs and tissues are located in a given region of the body; what is the exact position of each vessel, nerve, muscle, and bone, and what are the relations of each to each. He must be acquainted with the natural history of diseases; that is, with the ordinary results of diseases proceeding in their natural way, unmodified by curative treatment; and he must know what symptoms belong to each, in what respects they are similar, and in what respects they differ. In order to treat diseases he must understand the effects of various remedial agents upon the human frame, and he must select from them those which in the case he believes will have the most beneficial influence upon the disease under which the patient labors. To master each, years of study are necessary, and the ordinary avocations in life do not lead to any acquaintance with them. Thus the mass of men know nothing of them, and of course are not experts in them. Still, disease is almost constantly before every man's eyes, and from childhood we learn that such and such appearances indicate that a person has a cold, or a cough, or is lame; and we hear people complain of head-ache, or back-ache, or tooth-ache, or are told that some one has a fever or a consumption, or a rheumatism.—These appearances lead us in time to apply for ourselves similar names to various diseases. Our good wives and mothers go farther, and are taught that this and that herb or tea, or dose, is good for this and that disorder. It frequently happens, too, that after their remedy has been

taken the patient recovers, and it is called a cure. Do you not see from this that every body, from familiarity with disease, supposes that he knows something of disease, when most know in fact nothing at all of it? And with an undefined consciousness of our want of knowledge it does not seem strange, without reflection, that a neighbor should understand more, and credit is accordingly given to him, though unjustly. But there is another result of this state of things. There are many groups of diseases, which, though they differ entirely from each other in their origin, their seat, their progress, and their result, still have some symptoms which are similar; so that it happens that one having no more than the ordinary knowledge of disease cannot but confound them, giving one name to the whole. At the same time the difference is easily discerned by one skilled in disease. Thus, you have a severe head-ache, pains in your limbs, are cold and hot by turns, in short you are feverish; you say you have a fever. Can you tell where the trouble is? But now one who assumes to know tells you it is a brain fever, or a lung fever, or a typhoid fever, and can you or your friends say it is not so? Still he may know nothing more, perhaps not so much, about it as you. But you have no knowledge of the differences of these diseases, and cannot contradict him. Conversely, too, he may know exactly with regard to it, and you or your friends, believing you do know better, cannot from want of knowledge of medical science appreciate the facts which he says are the basis of his opinion. You cannot perceive the force of his arguments, and any attempt on his part to explain the matter would be as futile as for an astronomer to attempt to convince one ignorant of the higher mathematics of the truth of a discovery or observation in his science, which required for its demonstration the use of the differential calculus.

Do you not see that from these propositions it results that persons may yield to a positive statement concerning disease, in part from their inability to dispute it; in part from their own familiarity with the most apparent phenomena of disease, leading them to suppose it may not be a difficult thing to understand it, while they have no sort of comprehension of the grounds on which a correct opinion would be based? And do you not, also, see that you may be easily led to believe that you have been cured of a disease which you never had, and may give credit for skill which was never shown?

Here then is one source of error in your judgment of the comparative success of systems of practice, and the science of medicine. There are two others. One from the fact that the great majority of diseases tend to recovery; that is, of the whole number attacked with diseases of various kinds, most would get well without any treatment. If, now, it chances that before the disease terminates, a dose of medicine is given, that is supposed to have effected a cure, while in fact it did nothing towards it. The other source is from the fact that all must die, and it is absolutely impossible for any man to cure all patients. You may now attribute death to a remedy, which, in fact, has alone preserved life for hours, or days, or weeks. So that from your ignorance of disease and of remedies you cannot tell anything about it.

With these principles established we can now come directly to the point which I wish to urge upon you, namely, that all reason and analogy point to medical science as developed by the diligent enquiries and earnest labors of physicians; those who abandon themselves to no one idea, but seek only truth, as the only safe guide and reliance, under God, when sickness invades your family or prostrates your own strength. That, from the very circumstances of the case, you have no protection from fraud, in your own judgment, because it is impossible for you to be qualified to judge of the phenomena, and you do not know the effects of remedies. As to the numerous doctors who are followers of this system and that, I have said that I do not know on what grounds to place the adoption of their opinions except on those of ignorance or deceit. If on ignorance, no motive is required to explain their course, but motives abound why it may be followed deceitfully. Ill success as a physician, the fact of the popularity of any particular *opathy*, the passion which the public manifest for every new thing, and the natural inclination to turn from one source to another when laboring under chronic or incurable maladies, in the vague hope that something may give a transient ease or speedier cure, and the consequent larger flow of the *res pecuniae*, all afford forcible inducements to a mind which does not hold the truth dearer than all things else, and does not consider riches as nothing in comparison with the inward serenity of the upright mind. I could recount to you instances of frauds perpetrated in this way, but I have preferred to place the argument before you as cultivated men upon higher grounds, and I also desire to avoid every thing that can appear like personality.

Does any one object to my testimony because I am an interested witness, and my *craft* is in danger? Tell me what possible motive there can be for me to prefer to give full doses of medicine rather than to resort to Hahnemann's pills. They are far easier to transport, every body can take them without making wry faces, and children absolutely cry for them. Or why should I sometimes use calomel and the other various forms of mercury, or any of the decried mineral medicines instead of vegetable preparations. Do you say it is from neglecting to give this or that system an investigation? It is not so! and it is just to physicians to say that there is no new mode of treatment proposed, however different it may be from the ordinary one, that is not earnestly scanned by them and investigated at once, and if it contains any one smallest kernel of truth it is carefully saved, while the great mass of chaff is thrown to the winds.

Gentlemen, I have laid before you what I believe to be the just view of medicine as a science and an art, and have endeavored to place before you the true position which it should hold in comparison with the various pretences by which it is surrounded. In so doing I may have laid myself open to the suspicion that my motive has been gain. I ask and expect nothing of the sort. I have simply desired to make these statements, so that when you shall go forth to your various fields of labor and usefulness, you may not from ignorance and thoughtlessness become the dupes of any charlatan or empiric. That you may not lend your influ-

ence to encourage falsehood, and to discountenance truth. You will be approached by these men, and case after case of success will be poured into your ear, while it will be insisted that some one else commits only blunders. Your influence will be solicited with the families of your congregations, or your certificate will be asked to the efficacy of some nostrum. Gentlemen, beware of all who so approach you, and beware lest you thus injure your influence in your more appropriate calling.

Your ministrations will often call you to the bedside, and you will meet there all kinds of people, who profess to know how to treat the sick. It is unavoidable that your opinion should sometimes be asked as to the attendant and the treatment. If so, give your opinion candidly and as a man. But as you value your peace of mind, abstain from enquiring into the treatment, and especially from urging change, unless it be under the most peculiar circumstances. It is assuming too fearful a responsibility and one which does not belong to you. I do not ask you to go about praising physicians and abusing pretenders. But if I have succeeded in convincing you of the correctness of my positions your influence will be silent and quiet, and it will not be against the truth. I do not fear for our science. It must stand; and certainly no assaults can be more severe than those which it has resisted. But for the sake of yourselves, and of those who may be influenced by you, I would not have you found opposing it.

Our two professions should be united in spirit, as they are in position, in ministering to the suffering ones of earth. Set not your faces against us as prone to infidelity, and do not cause us to turn from you as inclined to support that which we know to be false.

If I shall have succeeded in making the relations between any one of my professional brethren and any one of you pleasanter and more cordial; if I shall have opened the eyes of any one of you to the snares of charlatanry, I shall feel that my purpose has been fully accomplished. Accept my thanks for your kind attention to me, and my earnest wishes that in life your high hopes of usefulness may all be realized.—*N. H. Journal.*

Obstetrical Auscultation. Signs of Pregnancy. By M. M. RODGERS, M. D., Rochester, N. Y.

It is not designed, in this brief article, to describe in detail, all the signs of pregnancy, or to consider them in the order of their relative value. We shall only notice briefly those signs which usually accompany utero-gestation, and which in the aggregate furnish strong presumptive evidence of this condition. As these signs, however, are all more or less equivocal, whether taken individually or collectively, we propose to consider the value of those results furnished by auscultation. If, by this mode, we are able to arrive at a sign, which, taken alone, and independently of all others, will at all times give unequivocal *positive* evidence,—its importance in a medico-legal, moral, and scientific point of view, will be admitted by all. The signs upon which we have formerly been

accustomed to rely for a diagnosis in suspected pregnancy, may be noticed, for the purpose of showing, not what they indicate, but what they do *not* indicate, for their evidence is entirely negative.

1. *The general condition of a woman enceinte*, may lead to this suspicion, especially if she be primiparous. 2. *The cessation of the menses*, but there are so many exceptions to this, that it cannot be relied upon: menstruation may continue in cases of pregnancy, until nearly the close of the term, and may cease in women not pregnant. 3. *The morning sickness*, which occurs usually, between the sixth and twelfth week, is often absent. 4. *Salivation* occurs in some cases, but may arise from other causes, and is not often present. 5. *Enlargement of the mammae*, is a pretty constant sign, but is occasionally absent, and may occur under other circumstances also. 6. *The areola and enlargement of the follicles*, are also nearly constant, but occur under other circumstances. 7. *Secretion of milk* usually takes place during the latter half of the term, but not always: it may occur also, in women not pregnant, and even in girls and men. 8. *Increased size of the abdomen*, when taken in connection with other signs, is of value, but it may be a consequence of disease also. 9. *Condition of the umbilicus*, is a sign of little value. 10. *Dullness on percussion*, over the abdomen must occur in pregnancy, but may be found in other conditions. 11. *Quickening*, or the motions of the fœtus, usually occurs at the end of the fourth month, and is a very constant sign, but it may sometimes be produced by the voluntary or involuntary action of the abdominal muscles, and is sometimes never felt, in cases of real pregnancy. 12. *Ballotement*, next to auscultation, furnishes the most unequivocal evidence, and is considered by some authors, infallible. But, on the authority of Prof. Depaul, of Paris, it has led to the error of pronouncing a hydatid tumor a case of pregnancy. In cases of twins, and where there is a small quantity of amniotic fluid, it is sometimes impossible to obtain this result. 13. *Violet color of the vagina*, is very generally present in pregnancy; but the writer has seen this test made extensively in Paris, when it occasionally failed both ways. 14. *Changes in the uterus*, may occur similar to those of pregnancy, from disease. 15. *Buffy coat on the blood*, is considered by some authors a sign worthy of confidence, but this occurs in so many diseases of both sexes, that it must be of little value as a test. 16. *The urine* is said to contain an unusual quantity of uric acid in pregnancy, but this occurs also in diseases of both sexes. 17. *Kiesteine* is usually present in the urine of pregnant women, but is also found in the urine of men and children, as a result of peculiar diet and disease. 18. *Palpation of the abdomen* sometimes affords very strong evidence of the presence of a fœtus, but is seldom reliable alone. 16. Besides these, there are several minor signs which are of some value, considered with the others: such are, variations of the pulse, the appetite, maculæ on the face, vaginal secretions, venereal desires, organic sympathies, mental conditions, temper, age, presence of the hymen, certain diseases, &c.

Now we see that these signs, taken together or singly, yield equivocal evidence,—evidence which at best is only negative. We want a sign

which will, in all cases where it is present, give positive proof; and this sign is furnished by auscultation.

The *bruit placentaire*, is an intermittent, whizzing sound, resembling the *bruit de soufflet* of the heart, and synchronous with the maternal pulse. It may usually be heard from the end of the second month of utero-gestation, until the last pains of labor. This sound is sometimes simulated by the ovarian vessels, the uterine sinuses, abdominal vessels, the vessels of fibrous tumors and aneurismal varix; but it need not be confounded with any but the latter sound. This sound is now supposed to be in the uterus, and not, as formerly, in the placenta; it does not, when present, indicate pregnancy positively,—nor when a foetus is present, does it indicate its life as it may continue for some time after death takes place. The *funis soufflet*, may sometimes be heard intermitting synchronously with the foetal pulsation,—but it cannot exist independently of the action of the foetal heart, and when this can be detected it is of no use in diagnosis. The *foetal tic tac*, or pulsation of the foetal heart, consists of short, double, regular pulsation, resembling those of the new born infant, varying in velocity from 120 to 140 in a minute. This sound cannot be simulated by, nor confounded with any other; so, when it can be distinctly heard, it is proof *positive*, and the only one, of the presence of a living foetus; where there is the *tic tac*, there must be a heart to produce it, and where there is a heart, there must also be a foetus. Its absence proves only negatively, that there is no foetus, or if any, that it may be dead.

There is no known sign by which we can determine that a woman is not pregnant. This fact makes this sign the more valuable, as in nearly all cases of actual pregnancy with a living foetus, we may at once verify it. The foetal *tic tac*, according to different authors, may be heard from three and a half to five months after conception. The location of the sound and the manner of obtaining it, we need not indicate.

This sign alone furnishes the means of diagnosing twin pregnancy, determining any thing in relation to the foetal health, or the presentation to be expected when labor commences. If, then, this is a true test, as we assume, how do those physicians appreciate its value, who never auscult the abdomen at all? What confidence ought to be placed in the testimony of a medical witness in court, who should base his opinion of pregnancy entirely upon those signs, every one of which he knows to be equivocal? No matter what may be said of ballottement, aggregate signs, age, experience, learning, they all vanish like vapor before the sun-beam, when compared with this. We may be pardoned then, if we exhort those who wish to be considered “read up,” and who still entertain “peculiar views,” to *study obstetrical auscultation by the bedside, study it, where alone it can be learnt, on the abdomen of woman.*—*Buffalo Medical Journal.*

Interesting Anecdote of Hunter and Cullen.—From a London copy of a work entitled “Professional Anecdotes,” published about thirty years ago, we take the following:—

HUNTER AND CULLEN.

The celebrated Dr. William Hunter, and the no less distinguished Dr. Cullen, formed a co-partnership of as singular and laudable a kind, as is to be found in the annals of science. Being natives of the same part of the country, and neither of them in affluent circumstances, these two young men, stimulated by the impulse of genius, to prosecute their medical studies with ardor, but thwarted by the narrowness of their fortunes, entered into partnership as surgeons and apothecaries in the country. The chief object of their contract being to furnish each of the parties with the means of prosecuting their medical studies, which they could not separately so well enjoy:—it was stipulated, that one of them, alternately, should be allowed to study in which College he pleased, during the winter, while the other carried on the business in the country for their common advantage. In consequence of this agreement, Cullen was first allowed to study at the University of Edinburgh for one winter: but, when it came to Hunter's he, preferring London to Edinburgh, consequently, set out for the metropolis. Here, his singular neatness in dissecting, and uncommon dexterity in making anatomical preparations, his assiduity in study, and amiable manners, soon recommended him to the notice of Dr. Douglass, who then read lectures on Anatomy, in London. Hunter was engaged as his assistant, and afterwards filled the chair himself with honor. The scientific partnership was by this means prematurely dissolved; for Cullen was not a man of that disposition to suffer any engagement with him to prove a bar to his partner's advancement in life. The articles of the treaty were freely given up, and Cullen and Hunter, ever after, maintained a very cordial and friendly intercourse: though it is nevertheless believed, from that time, they never had a personal interview.

Cullen's rise was equally remarkable. After his successful attendance upon the Duke of Hamilton, to whom he was accidentally called, if we trace him through his chemical teachings at Glasgow, witness his elevation to the chair of "Professor of Medicine," and afterwards to the chair of Chemistry, at Edinburgh; listen to his Chemical lectures at the Infirmary, and then follow him in the department of *Materia Medica*, after Dr. Alston, and read his great works, we can but admire his diversified genius, his unconquerable energy, his kindness of heart, and his noble triumphs over adverse circumstances, by which he gained an imperishable name in the annals of science. He was six years older than Hunter, and lived six years longer.

Anecdote of Zimmerman.—This eminent physician went from Hanover to attend Frederick the Great, in his last illness. One day the King said to him, "You have, I presume sir, helped many a man into another world?" This was rather a bitter pill for the Doctor; but the dose he gave the King in return, was a judicious mixture of truth and flattery—"not so many as your Majesty, nor with so much honor to myself."—*Professional Anecdotes.*

Rain Water in Asiatic Cholera.—Twenty years since, Mr. John Lea, when the cholera first raged in the West, was a close and intelligent ob-

server of its ravages. He found that the mortality from that scourge of our race, was limited to those who used limestone water, and that rain-water was a prophylactic of that disease. The theory originated here in the West, and since 1832 he has promulgated it in publications of his own, in medical journals, newspapers, in conversation, in every way possible; yet it is doubted whether one hundred persons in his own city here, of one hundred and thirty thousand inhabitants, have given credence to his geological theory of cholera, or have practiced upon it. He has urged it upon our own Government, but without success. He has communicated it to several of the European governments, and with better success, we judge, than with our own. We find the following paragraph in a communication from the correspondent of the *New York Times*, dated London, September 17th.

"The report of the French commission says that it has been fully ascertained both at Paris and elsewhere, that rain-water is a prophylactic of cholera, and that this disease has never proved an epidemic in any city where rain-water is exclusively used.

Our only comment on the above is, let justice be done Mr. Lea.—*Cincinnati Gazette*.

Sulphuric Acid in Diarrhœa. By JOHN L. VANDERYOORT, M. D.—Diarrhœa, as met with in young children, especially during the heat of summer, not unfrequently proves a troublesome and intractable disease, resisting the antacid and astringent treatment so commonly resorted to. During the past summer it was unusually prevalent throughout the city, the stools being frequent, and of a mucous or watery character, accompanied by little pain, except when the intestines were distended with flatus. Failing with the remedies usually employed, I resorted to the use of sulphuric acid, as suggested by several London and provincial physicians. It was first given in an obstinate case at Yorkville; the child was teething, and was naturally robust and healthy. For several weeks he had had more or less looseness of the bowels, with occasionally slight vomiting, and discharges of mucus, tinged with blood. Strict regimen and minute doses of blue mass and opium failing to exercise more than temporary effect upon the disease, and observing that his gums had become spongy and disposed to bleed upon the slightest touch, I changed his treatment, and gave him four drops of the acid in a wineglassfull of sweetened water several times a day. Seeing him again in a couple of days, I found him much improved; his discharges were less frequent; there had been no more vomiting or bleeding from the gums. The same treatment was continued for a week, when the child's health was quite restored. In several other cases of similar character, the acid was given, and with like happy results; and within a few days an infant, which had been troubled with excessive looseness of the bowels for nearly a week, was cured by a few doses.

One very great advantage which this remedy has over those in general use, is its agreeable taste, resembling in this respect lemonade; hence it is well adapted to children whose aversion to medicine cannot readily be overcome.

In a late number of the Provincial Medical and Surgical Journal, is a paper on this subject by Mr. Sheppard, in which he alludes to upwards of fifty cases of diarrhoea, many of them very severe, in which he had used the sulphuric acid; in only one instance did it fail, and in that case the chalk and astringent treatment was also unsuccessful. His experience led him to the following conclusions:—

1st. It is more *efficacious* than alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one.

2nd. It is *more rapid* in its action (especially in children,) in a proportion greatly exceeding twenty to one.

3rd. It seems to act in a more rational and (if I may so express myself) scientific manner, by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by simply astringing its pores.

4th. The worse the case, the more rapid and marvelous seems to be the cure; a most striking feature, as compared with the treatment by chalk and opium.—*N. Y. Medical Times*.

November 9, 1852.

Resection of the head of the Ulna and total removal of both Radius and Ulna. Reported by A. THIBAUT, Student in Charity Hospital.—Thomas Harris, æt. 15, admitted during the month of February, for a lacerated wound of scalp and ear; fracture of inferior maxillary and humerus; compound comminuted fracture of radius and ulna.

These injuries were received on board the English ship Manchester. It appears that the boy was sleeping on the anchor chain; and that the anchor was suddenly let down; in its progress, the chain caught the arm and produced the injuries above mentioned. When the boy was admitted, the wounds had been dressed for several days, and from want of proper attendance and care, were in a very filthy condition. The arm especially, was in a sloughing state, and both radius and ulna were actually shattered to pieces, and protruding several inches out of the mass of muscles.

By the 18th of April, the boy being well of all other injuries, Dr. Compton determined to remove both the radius and the ulna. He made a straight incision the whole length of the inner side of the radius, and a counter-opening opposite the olecranon process. Having dissected out both bones carefully and disarticulated them at the elbow, he removed them entire, with the exception of a portion of the lower end of the radius. A great portion of the periosteum was detached from the bones, and left in the wound. The usual treatment for such operations was then followed, and the patient improved rapidly, and the wound had nearly healed, when several abscesses formed in the fore-arm. These abscesses were, according to Dr. C.'s opinion, produced by pieces of bones which had been left in the arm. His opinion was well grounded, for several spiculæ of bones came out of the wound, and the arm immediately assumed a healthy condition and is now well. The arm is about two or three inches shorter than the other and is perfectly firm. It remains at a right angle to the humerus and can be flexed and extended so that the hand moves

through 8 or 10 degrees of an arc of a circle. He has entire use of the hand, can both open and shut it, and he grasps objects quite firmly.

The pulse in that arm can be felt as well as in the other.

This patient can be seen in ward No. 8, and bed No. 116, Charity Hospital.—*N. O. Medical Register.*

Treatment of Obstinate Ulcers by the Internal use of Tincture of Cantharides. By J. TART, Esq.—In a case of extensive ulceration in a broken constitution, after the failure of various plans of treatment, Mr. Tart gave ten drops of tincture of cantharides three times a day, with marked benefit. In three days from the commencement the sores began to contract, healthy lymph appeared round the edges, and vivid granulations started up. In a fortnight, the ulcers were quite healed. On this case, the author remarks:—

“Such was the progress and issue of a case that had baffled every previous treatment employed. It affords one of many examples I could bring forward of the great utility of cantharides in indolent ulceration, dependent either upon atony of the engaged parts, or system generally.

“In 1845, while resident in Burmah, my attention was directed to the treatment of the ulcers met with in that country, and which had long been found difficult to heal by different medical gentlemen stationed upon that coast. I drew up a paper, exhibiting the appearances presented by the different ulcers, and the states of constitutional derangement with which they were identified, and in which I had employed the tincture of cantharides with marked success. The paper alluded to, backed by several cases treated by different medical friends, was forwarded to the Madras Medical Board, who ordered it to be circulated throughout the medical service of the Madras army.

“A few extracts from the paper here referred to will show the characters of the ulcers where I found the tincture of cantharides useful:—

“1st. Where the granulations were exuberant, but pale, weak, and flabby.

“2d. Where there was deficiency, or total absence of granulations, the ulcers being deep and scooped out, with raised and indurated edges.

“3d. Where the granulations were not defective, but cicatrizing irregularly, sometimes in the centre, at other times on one side, the lymph which was thrown out and organized one day being absorbed the next.—*Prov. Med. and Surg. Journal.*